

COMBINED DECLARATION AND POWER OF ATTORNEY

(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL,
DIVISIONAL, CONTINUATION OR CIP)

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is of the following type: *(check one applicable item below)*

- original
- design
- supplemental

NOTE: If the declaration is for an International Application being filed as a divisional, continuation or continuation-in-part application do not check next item; check appropriate one of last three items.

- national stage of PCT

NOTE: If one of the following 3 items apply then complete and also attach ADDED PAGES FOR DIVISIONAL, CONTINUATION OR CIP.

- divisional
- continuation
- continuation-in-part (CIP)

INVENTORSHIP IDENTIFICATION

WARNING: If the inventors are each not the inventors of all the claims an explanation of the facts, including the ownership of all the claims at the time the last claimed invention was made, should be submitted.

My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor *(if only one name is listed below)* or an original, first and joint inventor *(if plural names are listed below)* of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TITLE OF INVENTION

COMBINED IMMEDIATE RELEASE AND EXTENDED RELEASE
ANALGESIC COMPOSITION

SPECIFICATION IDENTIFICATION

the specification of which: (complete (a), (b) or (c))

- (a) is attached hereto.
- (b) was filed on _____ as Serial No. _____.
- (c) was filed as Express Mail No. _____, dated _____ as Serial No. not yet known

NOTE: Amendments filed after the original papers are deposited with the PTO which contain new matter are not accorded a filing date by being referred to in the declaration. Accordingly, the amendments involved are those filed with the application papers or, in the case of a supplemental declaration, are those amendments claiming matter not encompassed in the original statement of invention or claims. See 37 C.F.R. 1.67.

- (c) was described and claimed in PCT International Application No. PCT/US2003/028042 filed on SEPT. 8, 2003 and as amended under PCT Article 19 on _____ (if any).

ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56.

- and which is material to the examination of this application, namely, information where there is a substantial likelihood

PRIORITY CLAIM (35 U.S.C. §119) (a) - (d)

I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

(complete (d) or (e))

- (d) no such applications have been filed.
- (e) such applications have been filed as follows.

NOTE: Where item (c) is entered above and the International Application which designated the U.S. itself claimed priority check item (e), enter the details below and make the priority claim.

PRIOR FOREIGN/PCT APPLICATION(S) FILED WITHIN 12 MONTHS
 (6 MONTHS FOR DESIGN) PRIOR TO THIS APPLICATION
 AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. §119(a)-(d)

COUNTRY (OR INDICATE IF PCT)	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 U.S.C. 119
PCT	PCT/US2003/028042	08, 09, 03	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
US	60/409,154	09, 09, 02	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

ALL FOREIGN APPLICATION(S), IF ANY FILED MORE THAN 12 MONTHS
 (6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION

COUNTRY (OR INDICATE IF PCT)	APPLICATION NUMBER	DATE OF FILING (day, month, year)

NOTE: If the application filed more than 12 months from the filing date of this application is a PCT filing forming the basis for this application entering the United States as (1) the national stage, or (2) a continuation, divisional, or continuation-in-part, then also complete ADDED PAGES TO COMBINED DECLARATION AND POWER OF ATTORNEY FOR DIVISIONAL, CONTINUATION OR CIP APPLICATION for benefit of the prior U.S. or PCT application(s) under 35 U.S.C. §120.

CLAIM FOR BENEFIT OF PRIOR U.S. PROVISIONAL APPLICATION(S)
 (34 U.S.C. §119(e))

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below:

PROVISIONAL APPLICATION NUMBER

FILING DATE

60/409,154

SEPT. 9, 2002

POWER OF ATTORNEY

I hereby revoke all previous Powers of Attorney given in the above-identified application.

I/we hereby appoint the practitioners associated with Customer Number **28249** as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to the address associated with Customer No. **28249**.

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE (S)

NOTE: Carefully indicate the family (or last) name as it should appear on the filing receipt and all other documents.

Full name of **sole or first inventor** Thomas G. Sollagheck

Inventor's signature Tom Sillig

Date 10-31-06 Country of Citizenship United States

Residence and Post Office Address:

18051 Lagos Way
Naples, FL 34110

CHECK PROPER BOX(ES) FOR ANY OF THE FOLLOWING
ADDED PAGE(S) WHICH FORM A PART OF THIS DECLARATION

- Signature for subsequent joint inventors.
Number of pages added _____.
- Signature by administrator(trix), executor(trix) or legal
representative for deceased or incapacitated inventor.
Number of pages added _____.
- Signature for inventor who refuses to sign or cannot be
reached by person authorized under 37 C.F.R. §1.47.
Number of pages added _____.

- Added pages to combined declaration and power of attorney for
divisional, continuation, or continuation-in-part (CIP)
application.
Number of pages added _____.

- Authorization of attorney(s) to accept and follow instructions
from representative.

If no further pages form a part of this Declaration then end
this Declaration with this page and check the following item.

- This declaration ends with this page.

PATENT

Attorney Docket No. 448-67 PCT US

For: U.S. and/or Foreign Rights
For: U.S. Application or U.S. Patent
By: Inventor(s) or Present Owner

ASSIGNMENT OF INVENTION

In consideration of the payment by ASSIGNEE to ASSIGNOR of the sum of One Dollar (\$1.00), the receipt of which is hereby acknowledged, and for other good and valuable consideration,

ASSIGNOR: Thomas G. Schlagheck

*(inventor(s) or
person(s) or entity(ies)
who own the invention)*

(If assignment is by person or entity to whom invention was previously assigned and this was recorded in PTO add the following)

Recorded on _____

Reel _____

Frame _____

hereby sells, assigns and transfers to

ASSIGNEE: Endo Pharmaceuticals Inc.
100 Endo Boulevard
Chadds Ford, PA 19317

and the successors, assigns and legal representatives of the ASSIGNEE

(complete one of the following)

the entire right, title and interest
 an undivided _____ percent (_____ %) interest for the United States and its territorial possessions

*(check the following box if foreign rights
are also to be assigned)*

and in all foreign countries, including all rights to claim priority, in and to any and all improvements which are disclosed in the invention entitled:

COMBINED IMMEDIATE RELEASE AND EXTENDED RELEASE ANALGESIC COMPOSITION

(check and complete (a), (b), (c) or (d))

and which is found in

- (a) U.S. patent application executed on even date herewith.
- (b) U.S. patent application executed on _____.
- (c) U.S. application Serial No. 10/527,077 .
- (d) U.S. patent no. _____ issued _____.
 - A change of address to which correspondence is to be sent regarding patent maintenance fees is being sent separately.

(also check (e) if foreign application(s) is also being assigned)

- (e) and any legal equivalent thereof in a foreign country, including the right to claim priority

and, in and to, all Letters Patent to be obtained for said invention by the above application or any continuation, division, renewal, or substitute thereof, and as to letters patent any re-issue or re-examination thereof

ASSIGNOR hereby covenants that no assignment, sale, agreement or encumbrance has been or will be made or entered into which would conflict with this assignment;

ASSIGNOR further covenants that ASSIGNEE will, upon its request, be provided promptly with all pertinent facts and documents relating to said invention and said Letters Patent and legal equivalents as may be known and accessible to ASSIGNOR and will testify as to the same in any interference, litigation or proceeding related thereto and will promptly execute and deliver to ASSIGNEE or its legal representatives any and all papers, instruments or affidavits required to apply for, obtain, maintain, issue and enforce said application, said invention and said Letters Patent and said equivalents thereof which may be necessary or desirable to carry out the purposes thereof.

IN WITNESS WHEREOF, I/We have hereunto set hand and seal this
(Date of signing).

WARNING: Date of signing must be the **same** as the date of execution of the application if item (a) was checked above.

T.G. SGC 6/21/00
Thomas G. Schlagheck Dated

If ASSIGNOR is a legal entity complete the following information

Type or print the name of the above person
authorized to sign on behalf of ASSIGNOR

Title

NOTE: No witnessing, notarization or legalization is necessary. If the assignment is notarized or legalized then it will only
be *prima facie* evidence of execution 35 U.S.C. 261. Use next page if notarization is desired.

Notarization or Legalization Page Added.